

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
LAND AND WATER MANAGEMENT DIVISION  
GREAT LAKES SHORELANDS UNIT

M.O.P. File No.



**APPLICATION FOR TRANSFER OF MARINA OPERATING PERMIT**

In accordance with Sec. 30102 of Part 301, Inland Lakes and Streams, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, the undersigned herewith makes application for a permit to maintain or operate an existing marina on an inland lake or stream.

**NEW OWNER INFORMATION (Print or Type)**

NAME:	TITLE:
ADDRESS:	CITY: STATE: ZIP CODE:
WORK TELEPHONE:	HOME/CELL PHONE:

**PREVIOUS OWNER INFORMATION**

NAME:	TELEPHONE:
ADDRESS	CITY: STATE: ZIP CODE:

**MARINA NAME AND LOCATION**

NAME	TELEPHONE:
ADDRESS	CITY: STATE: ZIP CODE:

**LEGAL DESCRIPTION OF UPLAND PROPERTY AT MARINA SITE**

COUNTY:	TOWNSHIP, CITY OR VILLAGE:
NAME OF WATERBODY:	TOWN: RANGE: SECTION
PROPERTY TAX NUMBER(S): (May be found on your tax statement)	

**\*\*\*IMPORTANT: ATTACH A PROOF OF TRANSFER OF OWNERSHIP  
AND A SIGNED AND DATED DRAWING OF EXISTING DOCKING FACILITIES. \*\*\***

Please review in detail the conditions included on the Marina Operating Permit you are requesting to transfer. The Department of Environmental Quality (DEQ) requires your signature indicating acceptance and agreement to comply with the specific terms and conditions of the Marina Operating Permit.

Application is hereby made for transfer of Marina Operating Permit. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief, such information is true and accurate. Should the Department of Environmental Quality (Department) determine that information contained in this form or its attachment(s) is false or has been misrepresented, I understand that I may be subject to enforcement action as provided under Sections 30107 and 30112 of Part 301, Inland Lakes and Streams, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

I accept and agree to comply with the terms and conditions of the Marina Operating Permit.

By signing this application, I authorize representatives of the Department to enter said property in order to inspect the marina facilities.

New Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN: "THE COMPLETED APPLICATION," "PROOF OF TRANSFER OF OWNERSHIP," A "SIGNED" AND "DATED SITE PLAN" OF THE EXISTING DOCKING FACILITIES, AND THE REQUIRED "\$50.00" FEE TO THE ADDRESS BELOW. MAKE CHECKS PAYABLE TO THE "STATE OF MICHIGAN." IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE CALL 517-241-1515 AND ASK FOR SOMEONE WITHIN THE MOP PROGRAM.

LAND AND WATER MANAGEMENT DIVISION  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
P.O. BOX 30458  
LANSING, MI 48909-7958

EQP 2707-4 (Rev. 3/2007)